



GRANT APPLICATION FORM

Please read our Grants Policy.

1. **Full name** of applicant or group:
2. **Contact** person (for a group):
3. Email:
4. Phone number:
5. Are you applying as an individual or a group?

Individual

Address if living in Otorohanga:

Or tell us how you are associated with Otorohanga District:

Group (please tick as many as are applicable)

- Registered charity (provide number) CC.....
- Incorporated society
- Charitable trust
- Charitable company
- Marae Reservation
- Informal group
- Other, please specify:

6. **What are you seeking a grant for?** (Please describe your project in detail including when it will happen.)

7. How will your project benefit the Otorohanga District?

8. Project budget

| Item | Cost |
|--------------|-----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | \$ |

9. Project funding

| Source of funding (e.g. fundraising, grant applications, sponsorship, donations) | Amount | Confirmed (yes or no) |
|--|--------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

10. Amount requested from Otorohanga Charitable Trust:

11. Do you give permission for us to share information about what you do or any grant we may approve to you on our facebook page or other social media? Yes No

12. Please attach:

- Supporting information (e.g. letters of support, quote)
- For groups: your most recent set of financial statements (required)
- Proof of bank account details for account any grant will be paid into (required)

13. Signed

Name

Position

Please email completed application to ototrust@gmail.com

You will be contacted by the Trust after your application has been considered.